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Please deliver the following page(s) to:**Page 1**

Name:	Examiner Po Lin Chieu	Fax No.:	(703) 872-9314
Firm:	U.S. Patent and Trademark Office	Confirmation No.:	(703) 306-0377
From:	Christopher J. Reckamp	Sender's Ext.:	312/609-7599
Date:	November 26, 2003	Total Pages:	21
Client No.:	00100.99.0180	Time Received by Fax Dept.:	

Special instructions to receiving operator:
 Serial No. 09/471,676

Message:

PTO/SB/97 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Serial No. 09/471,676; First Inventor: Stefan Eckart;
Filing Date: December 23, 1999; Art Group: 2615;
Attorney Docket No.: 00100.99.0180; Title: METHOD AND
APPARATUS FOR SUCCESSIVE LINEAR APPROXIMATION TO OBTAIN
A SPECIFIC POINT OF A NON-LINEAR MONOTONE FUNCTION

Attached please find:

*Transmittal Form;
*Fee Transmittal Form;
*Amendment in response to Office Action mailed August 27, 2003; and
*Change of Correspondence Address

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#1169695

PAGE 2/21 * RCVD AT 11/26/2003 11:57:41 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNI:8729314 * CSID:312 609 5005 * DURATION (mm:ss):04-20

PTO/SB/21 (08-03)

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TRANSMITTAL
FORM

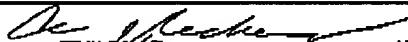
(to be used for all correspondence after initial filing)

		Application Number	09/471,676
		Filing Date	December 23, 1999
		First Named Inventor	Stefan Eckart
		Art Unit	2615
		Examiner Name	Po Lin Chieu
Total Number of Pages in This Submission	20	Attorney Docket Number	00100.99.0180

ENCLOSURES (Check all that apply)

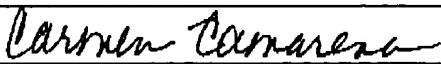
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Christopher J. Reckamp, Reg. No. 34,414
Signature	
Date	November 26, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date	November 26, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

Complete if Known

Application Number	09/471,676
Filing Date	12/23/1999
First Named Inventor	Stefan Eckart
Examiner Name	Po Lin Chieu
Art Unit	2615
Attorney Docket No.	00100.99.0180

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number

Deposit Account Name

50-0441

ATI International SRL

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 180	2005 80	Provisional filing fee			
SUBTOTAL (1) (\$ 0.00)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims:	Extra Claims	Fee from below	Fee Paid
	43	-20* = 23	X 18 = 414.00
Independent Claims	5	-4 = 1	X 86 = 86.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	** Reissue independent claims over original patent		
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$ 500.00)				

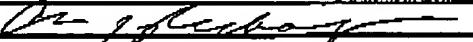
*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 420	2252 210	Extension for reply within second month			
1253 950	2253 475	Extension for reply within third month			
1254 1,480	2254 740	Extension for reply within fourth month			
1255 2,010	2255 1,005	Extension for reply within fifth month			
1401 330	2401 165	Notice of Appeal			
1402 330	2402 165	Filing a brief in support of an appeal			
1403 290	2403 145	Request for oral hearing			
1451 1,510	1451 1,510	Petition to institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,330	2453 665	Petition to revive - unintentional			
1501 1,330	2501 665	Utility issue fee (or reissue)			
1502 480	2502 240	Design issue fee			
1503 640	2503 320	Plant issue fee			
1480 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1808 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))			
1801 770	2801 385	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$ 0.00)					

(Complete if applicable)

Name (Print/Type)	Christopher J. Reckamp	Registration No. (Attorney/Agent)	34,414	Telephone	312-609-7599
Signature				Date	11/26/03

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1169545
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